

12 12

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. 6.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

MAINTAINED FOR BINDING

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		ORIGINAL CERTIFICATE OF BIRTH	
1. County of <u>Gila</u>	State Index No. <u>183a</u>		
District of <u>Maricopa</u>	County Registrar No. <u>773</u>		
Town of <u>Winkelman</u>	Local Registrar No. <u>1</u>		
City of _____	No. _____	Ward _____	
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Lurline May Evans</u>			
3. Sex of Child <u>Female</u>			
4. Twin, triplet or other _____			
5. No. in order of birth _____			
6. Legitimate? <u>Yes</u>			
7. Date of birth <u>Aug 28 1924</u>			
8. FATHER			
9. Residence <u>Winkelman</u>			
10. Color or race <u>White</u>			
11. Age at last birthday <u>29</u>			
12. Birthplace (city or place) <u>Ell County</u>			
13. Occupation <u>Farmer</u>			
14. MOTHER			
15. Residence <u>Winkelman</u>			
16. Color or race <u>White</u>			
17. Age at last birthday <u>17</u>			
18. Birthplace (city or place) <u>Basal County</u>			
19. Occupation <u>Horse work</u>			
20. Number of children of this mother			
21. Were precautions taken against ophthalmic neonatorum?			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>5 A.</u> m. on the date above stated.			
(Born alive or stillborn)			
Signature <u>Dr. P. M. Moulton</u>			
Address <u>Winkelman</u>			
Month, day, year. _____			
Filed <u>Oct 20</u> 192 <u>4</u>			
Filed <u>11-3</u> :24 <u>B. G. Diaz</u>			
County Registrar.			

352-828-922